

JC915 U.S. PTO
TO/50/40

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41-6-01

PTO/SB/50 (08-00)

Approved for use through 12/30/2000, OMB 0651-0033

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A/RES

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Docket No.	39262/256238
	First Named Inventor	J. Charles Taylor
	Original Patent Number	5,891,143
	Original Patent Issue Date (Month/Day/Year)	April 6, 1999
	Express Mail Label No.	EL572470492US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)</p> <p>4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i></p> <p>6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i></p> <p><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney</p>	<p>7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).</p> <p>8. <input checked="" type="checkbox"/> Offer to Surrender original U.S. Patent <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i></p> <p>10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Other: _____</p>

14. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	Kristin D. Mallatt	Registration No. (Attorney/Agent)	46,895
Signature	<i>Kristin D. Mallatt</i>		Date 4/5/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B)	****	X\$ _____ =		X\$ _____ =	JC903 U.S. PTO 04/05/01
(C)	Independent Claims (37 CFR 1.16(i))	(D)	*	=		X\$ _____ =	09/827252
				Basic Fee (37 CFR 1.16(h))		\$ _____	
				Total Filing Fee		OR \$ _____	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	**	*	X\$ _____ =	X\$ _____ =		
Independent Claims (37 CFR 1.16(i))	*** 1	MINUS	*****	=	X\$ _____ =	X\$ _____ =		
					Total Additional Fee		OR \$ 710.00	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 27 CFR 1.27.
- Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0855.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.
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April 5, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Kristin D. Mallatt, Reg. No. 46,895

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JC903 U.S. PTO
09/027252
04/05/01



APPLICANTS: J. Charles Taylor and PATENT NO. 5,891,143
Harold S. Taylor

SERIAL NO.: GROUP ART UNIT:

FILED: April 5, 2001 EXAMINER:

FOR: ORTHOPAEDIC FIXATION PLATE

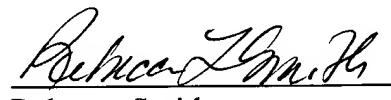
ATTORNEY DOCKET NO.: 39262/256238

Box Re-Issue DATE: April 5, 001
Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF MAILING (37 C.F.R. 1.10)

Sir:

I hereby certify that this Reissue Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown above in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL572470492US addressed to Box Reissue, Commissioner for Patents, Washington, D.C. 20231.


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